

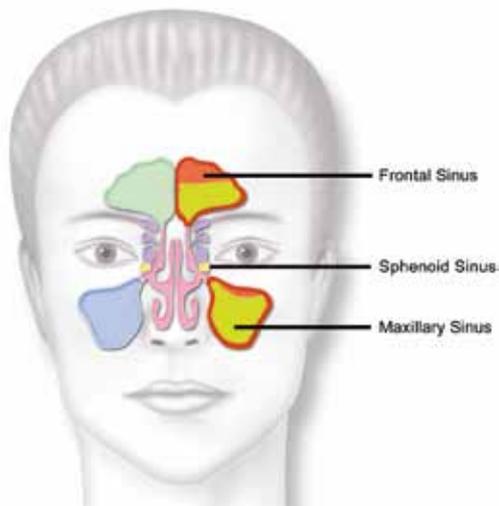
NO MORE SINUS HEADACHES - THE MINIMALIST APPROACH

THE NASAL SINUSES ARE POCKETS THAT DEVELOP from the nose cavity proper expanding into the facial bones forming sinus cavities. Sinusitis occurs when there is inflammation (swelling) of these sinus cavities.

Typically, sinusitis presents like a cold which does not clear after a week. There is usually a history of a viral upper respiratory tract infection. From the nasal passages, the viral inflammation extends into the sinus cavities and there is often a bacterial super infection.

There are often symptoms of nasal blockage and congestion, facial pain and headaches, nasal discharge or a post nasal drip and loss of smell associated with sinusitis. These symptoms persist for months and progressively develop into chronic sinusitis.

By this time the symptoms of facial pain and headaches get to be very serious and chronic and often are the main complaints. The headaches or facial pain from sinusitis typically occur over the facial region or the top of the head (the vertex), where the sphenoid sinus is located. It's of a dull, constant aching



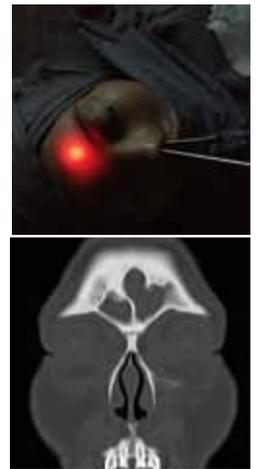
Sinusitis patient with infected left frontal and left maxillary sinuses

type of pain which occurs over the affected sinuses. It may worsen when the affected person bends over, strains at something or lies down. The pain is often on one side of the head and progresses to both sides. It can feel like a localized tooth ache when the maxillary (cheek) sinus is involved. Often the facial pain and

headache or sinonasal congestion of sinusitis will trigger a migraine headache which is of a completely separate process.

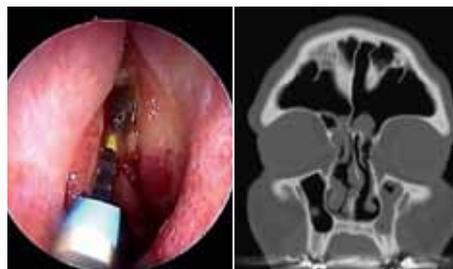
Chronic sinusitis is generally quite treatable medically and surgery is often not indicated. However despite maximum medical treatment some cases do not improve or respond poorly to medications including antibiotics. Often, there are underlying anatomical sinonasal problems such as a deviated nasal septum, or air-filled middle turbinate or other sino-nasal anomalies which contribute to sinus headaches and sinus inflammation. In these cases, a minimalist approach is used to treat the underlying inflamed sinuses using Balloon Sinuplasty. This is not a new procedure, it's rather a new technology of catheter based dilation and irrigation of the sinuses and the sinus openings (ostia).

CASE 1 The 32-year-old female administrator complained of recurrent post nasal drip and cough from 2007. However, most recently in 2011, there were frontal headaches as well. She failed to respond to maximum medical therapy and it was affecting her work with air travel overseas. X-ray scans showed bilateral frontal sinus chronic disease which was treated with Balloon Sinuplasty (after a deviated nasal septum was straightened for access to the frontal recess). Thick colored infected secretions was released and was washed out of the sinuses. The procedure was done as a day case and she made a rapid recovery with no recurrence of the headaches.



CASE 2 A 46-year-old company director had endoscopic sinus surgery done elsewhere in 2003 for complaints of blocked nose, ear fullness, poor quality sleep and facial pain and pressure over his frontal sinuses. However, he noted that after six months from the surgery; his symptoms recurred again. He was seen here in 2007 and had tried maximal medical therapy without any relief. The new X-rays showed persistent disease in the frontal and recess sinuses with Type Three Cells in both frontal sinuses. There was blockage of the left maxillary sinus despite wide openings done here as the true ostium was not addressed.

Minimalist Revision Balloon Sinuplasty was done with resection only of



scar tissue that was obstructing the ventilation as the previous surgery had caused excessive tissue resection with scarring. Ventilation and drainage of the sinuses was achieved. Post-op, the patient did well with no recurrence of frontal headaches. ■